

FILED  
IN CLERKS OFFICE

2006 JUN -2 A 7:07

U.S. DISTRICT COURT  
DISTRICT OF MASS.

MAY 31, 2006

Margetta Langlois  
P.O. Box 3091  
Holiday, FL 34690

Dear Clerk of Courts,

Attention: Jay Johnson

Please enter this Appeals with Notice to Appeal to Appeal, CASE NO. 05-C.V.-10190R.W.2 due to Illegally Dismissed on Day of Service of Attorney General, Tom Reilly May 2, 2006 with Failure to Acknowledge motion sent in 4 times from April 12, 2006 to May 2006. Personally to Lisa Urso by Overnight Express Mail on record. Priority Mail on May 5, 2006 and refused to file on Docket Sheet for 20-day extension.

Respectfully Submitted,

*Margetta Langlois May 31, 2006*

Margetta Langlois May 31, 2006  
727.514.3957

cc: Martha Coakley  
cc: Tom Reilly  
cc: Fox 25 Television  
cc: Boston Herald Newspaper  
cc: Governor Romney's Office

PLEASE RECORD ON DOCKET SHEET  
IMMEDIATELY AND PLACE  
COPY TO APPEALS - & TO  
JUDGE ZOBEL -

& ON DOCKET SHEET I

will be flying in 6/6/06. TO

GET A COPY -

*Margetta Langlois*  
5/31/06

THIS SENT IN - By "OVERNIGHT EXPRESS."



Dear Clerk,

Please submit this proof of Indigency to waive fees for filing Appeals with Proof of copy of Social Security Widow Benefits of \$1100.00 per month.

Margetta Langlois  
May 31, 2006

*Margetta Langlois*  
*5/31/06 —*



# Your New Benefit Amount

275018

**BENEFICIARY'S NAME:**

MARGETTA LANGLOIS

Your Social Security benefits will increase by 4.1 percent in 2006, because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

**How Much Will I Get And When?**

- Your new monthly amount (before deductions) is \$1,099.50
- The amount we are deducting for Medicare is \$88.50  
(If you did not have Medicare as of Nov. 20, 2005,  
or if someone else pays your premium, we show \$0.00.)
- The amount we are deducting for voluntary federal tax withholding is \$0.00  
(If you did not elect voluntary federal tax withholding as of  
Nov. 20, 2005, we show \$0.00.)
- After taking any other deductions, we will deposit \$1,011.00  
into your bank account on Jan. 3, 2006.

If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

**What If I Have Questions?**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. You also can call us at **1-800-772-1213** and speak to a representative from 7 a.m. until 7 p.m. on business days. If you have a touch-tone phone, recorded information and services are available 24 hours a day. Our lines are busiest early in the week and early in the month so, if your business can wait, it is best to call at other times. If you are deaf or hard of hearing, you may call our TTY number, **1-800-325-0778**. If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Please have your full nine-digit Social Security claim number available when you call or visit and include it on any letter you send to the Social Security Administration. If you are inside the United States, you also can visit your local office.

11435 U.S. HIGHWAY 19  
PORT RICHEY FL

BNC#: 05B1670A92435

Over ➤

**SOCIAL SECURITY ADMINISTRATION**  
NORTHEASTERN PROGRAM SERVICE CENTER  
PO BOX 315100  
JAMAICA NY 11431-4089

OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE, \$300

275018\*COLA\*SM-DI\*V05\*1.008  
**PRESORTED**  
FIRST-CLASS MAIL  
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SOCIAL SECURITY  
ADMINISTRATION  
PERMIT NO. G-11

**Be sure to check out  
our website: [www.socialsecurity.gov](http://www.socialsecurity.gov)**

275018\*\*\*\*\*AUTO\*\* 3-DIGIT 335  
MARGETTA LANGLOIS  
P O BOX 3091  
HOLIDAY FL 34692-0091



If you are a Medicare beneficiary with limited income and resources, you may be able to get extra help paying for your monthly premiums, deductibles and co-payments under this prescription drug program. If you have not yet completed an *Application for Help with Medicare Prescription Drug Plan Costs* (Form SSA-1020), you can still do so. You can get an application by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778) or by going online at [www.socialsecurity.gov](http://www.socialsecurity.gov).

Your state may help pay for Medicare expenses through the Medicare Savings Programs if:

- You have Medicare Hospital Insurance (Part A);
- Your monthly income is no more than \$1,097 for an individual or \$1,464 for a couple (higher in Alaska and Hawaii), and
- The things you own (but not your home or one car) are worth no more than \$4,000 for an individual or \$6,000 for a couple (higher in some states).

To find out more, contact your state or local Medicaid, social services or welfare office.

If you have questions about Medicare eligibility or how to enroll for Medicare benefits, contact the Social Security Administration at 1-800-772-1213 or TTY 1-800-325-0778. For all other Medicare information, including coverage and billing, you can visit [www.medicare.gov](http://www.medicare.gov) on the Internet or call 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048, if you are deaf or hard of hearing, 24 hours a day.

*Jo Anne B. Barnhart*

Jo Anne B. Barnhart  
Commissioner

